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DEAR COLLEAGUES,

MOST INFLUENZA ISOLATES 2005/06 ARE RESISTANT TO AMANTADINE - DON'T PRESCRIBE IT

The Public Health Agency of Canada (PHAC) has been advised by the US Centers for Disease Control and Prevention (CDC) that 91% of the influenza A (H3N2) isolates from the 2005-2006 season thus far are resistant to amantadine and rimantadine. These are the drugs most commonly used in the US for prophylaxis and treatment. However, all tested strains remain susceptible to oseltamivir and zanamivir.

The National Microbiology Laboratory in Winnipeg, Canada has initiated testing for Canadian specimens and a similar resistance pattern is emerging. In Ontario, seven of the eight specimens tested have been resistant.

Based on these findings both the CDC and the PHAC recommend that clinicians should not prescribe amantadine (or rimantadine in the US) to treat or prevent influenza during the 2005-06 influenza season.

In Ontario, a recommendation was made during the 2001-02 influenza season to give preference to Tamiflu when choosing an antiviral for prophylaxis. As a result, amantadine use in Ontario has since declined.

Full details of the published article and Fluwatch are available at:

Public Health Agency of Canada. (2006). Interim Recommendation for Use of Amantadine for Influenza. Available at http://www.phac-aspc.gc.ca/media/advisories_avis/2006/statment060115.html

Centers for Disease Control and Prevention. (2006). Health Alert: CDC Recommends Against the Use of Amantadine and Rimantadine for the Treatment or Prophylaxis of Influenza in the United States During the 2005–06 Influenza Season. Available at <http://www.cdc.gov/flu/han011406.htm>

WEBPAGE FOR GREY-BRUCE MEDICAL PROFESSIONALS - UPDATE

The webpage for Grey-Bruce medical professionals is now available through the Grey Bruce Health Unit home page. Obtain the status of a current outbreak, illness surveillance information, alerts from the Public Health Agency of Canada or read about upcoming workshops/briefings of interest.

Click on *Grey Bruce Health Professionals – Login* at the very bottom of the Grey Bruce Health Unit home page at <http://www.publichealthgreybruce.on.ca/>

When the dialogue box appears, enter the updated User Name and Password provided below.

User Name: gbmed (first delete the text that appears in this box)

Password: eatmoreveggies

Yours truly,

Hazel Lynn, M.D., FCFP, MHSc
Medical Officer of Health

HIV PRENATAL TESTING

*Lindsay Robinson, Public Health Nurse
Sexual Health Program*

- Eighty percent (305/380) of prenatal blood samples obtained from Grey-Bruce women were examined for HIV from April to June of 2005. This is 5% below the average of 85.3% for the Province of Ontario (Remis, 2005).
- The Ontario Ministry of Health and Long-Term Care states that pregnant women (and women *planning* a pregnancy) must be offered the HIV test as part of routine prenatal care.

- For more information, pamphlets and posters about the prenatal HIV test are available from Public Health, 375-9420, Ext. #256.

Remis, R. (2005). HIV Seroprevalence. HIV Epidemiologic Monitoring Unit. Acknowledged by D. Williams (October, 2005). Ontario Ministry of Health and Long-Term Care memorandum *Analysis of Prenatal HIV Testing to June 2005*.

TIMING OF MMR VACCINATION

*Kathryn Whitehouse, Public Health Nurse
Vaccine Preventable Diseases Program*

Can the MMR vaccine be given before a child's first birthday?



The MMR vaccine must be given *on* or *after* a child's first birthday. If administered before age one the dose must be repeated. According to the *Canadian Immunization Guide* (Health Canada) the main mechanism explaining poor efficacy in children immunized at an early age is the interference of maternal antibodies. These antibodies are transferred to the fetus and their levels slowly decrease after birth. Most infants have lost their maternal antibodies by 12 months of age. The efficacy of a single dose given at 12 to 15 months is approximately 85% to 95%. Almost 100% of children are protected with a second dose.

Health Canada. (2002). *Canadian Immunization Guide* (6th Edition). Canadian Medical Association. Retrieved January 2006 as <http://www.phac-aspc.gc.ca/publicat/cig-gci/>

STAGES OF CHANGE MODEL USEFUL IN COUNSELING WOMEN EXPERIENCING VIOLENCE

*Karen Kerker, Public Health Nurse
Family Violence Prevention Project*

The stages of change model, originally developed by Prochaska and DiClemente for smoking cessation, is now considered an appropriate tool to use with women experiencing intimate partner violence.

If violence has been identified, physicians should assess a patient's readiness for change. Begin by asking, "**Have you thought about making any changes in your current situation in the next six months?**" If the answer is no, the person is in the pre-contemplation stage. If the answer is yes, ask "**Have you thought about making changes within the next 30 days?**" If no, the person is in the contemplation stage. If the answer is yes and she reveals plans or preparations, she is in the preparation stage. If the patient is presently working to change her situation, she is obviously in the action stage.

Physicians should then refer to the attached handout *Violence Against Women, Stages of Change* from the Ontario College of Family Physician's workshop on violence against women. The final column lists specific actions a physician can consider for a patient who is experiencing intimate partner violence.

Fraser, P. Y. (2001). Using the stages of change model to counsel victims of intimate partner violence. *Patient Education and Counseling*, 43, 211-217.

TRAVEL HEALTH SERVICES FOR INTERNATIONAL TRAVELLERS

Cathy Coburn, Public Health Nurse

Vaccine Preventable Diseases Program

The Vaccine Preventable Diseases Program offers essential information to travellers about travel-related diseases and potential destination-specific health risks. This includes



recommendations for vaccination, chemoprophylaxis, and personal protective measures. Public Health immunization clinics in Owen Sound, Walkerton, and Port Elgin provide both routine and travel-related vaccination. Travellers are encouraged to call Public Health in Owen Sound (376-9420) or in Walkerton (881-1920) to request a travel package and/or arrange for immunization - well in advance of their departure. In addition, an increasing number of physicians are referring their international bound patients. During the past three years,

requests for travel health services have increased substantially. In 2003, 371 travel packages were provided to patients and clients. This was followed by a 61% increase (n=597) in 2004, with a further 16% increase (n=692) in 2005.



The Masai Centre
for Local, Regional and Global Health
409 Woolwich Street
Guelph, ON N1H 3X2
Phone: (519) 780-5298
Fax: (519) 780-5060

Dear Colleague,

The Masai Centre for Local, Regional and Global Health (Guelph, Ontario) opened on September 15, 2005 in response to the increasing volume of HIV positive patients. We have a team of four HIV treating physicians, one HIV psychiatrist, a social worker, a clinic nurse specialist, a pharmacist, and an office manager. The Masai Centre is in the same building as the AIDS Committee of Guelph and Wellington County. As a result, patients can obtain complete and comprehensive medical and allied health care - under one roof.

In the past year, two HIV patients presented with end-stage opportunistic infections. The first was a middle-aged heterosexual woman - likely positive for years. She did not have the demographic characteristics of one at-risk for HIV. Subsequently, she was not diagnosed until she required ICU admission for her illness. However, with the support of the Masai Centre Team, and the use of powerful antiretroviral medication, she is doing well.

The second patient was a middle-aged homosexual male who presented with unusual and perplexing symptoms. Despite belonging to an HIV at-risk group, he was not tested until months after his initial symptoms. Despite our best efforts, he passed away one month after testing was done.

I have seen an increasing number of newly diagnosed patients in similar situations where an HIV test is done late. Consequently, the challenge of managing their illness is greater, more complicated, and less likely to be effective. This underscores the need for *all* physicians to be aware of the risk factors for HIV, and to suspect HIV as part of the differential diagnosis in patients who present with mono-like symptoms (present in up to 80% of those with acute HIV), confusing and unusual symptoms with rapid progression, and in any patient who is failing for no other apparent reason.

HIV testing is simple, inexpensive, and should include pre- and post-test counselling as recommended by the College of Physicians and Surgeons of Canada. Any HIV positive patient and those patients who may have been recently exposed in an occupational or sexual setting may be immediately referred to the Centre. Patients may also self refer.

We look forward to serving the regions of Guelph and Wellington, Grey-Bruce, and Waterloo.

Sincerely,

Dr. Anne-Marie Zajdlik, M.D., C.C.F.P.
Regional HIV Specialist, Founder and Director